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POSITION PAPER

Skill-based objectives for specialist training in old age psychiatry[1]

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MESSAGE FROM PRESIDENT

This consensus curriculum on Skill-Based Objectives in Old Age Psychiatry (OAP) was developed at a meeting on psychiatry of the elderly in Prilly/Lausanne 8–11 June 2002. The meeting, entitled 'Development of Strategies, Policies and Actions in Education and Training in Old Age Psychiatry in Europe', was initiated by the European Association of Geriatric Psychiatry (EAGP), and jointly organized with the World Health Organization (WHO), by Dr Carlos Augusto de Mendonça Lima from the WHO Collaborating Centre for Old Age Psychiatry in Lausanne, Dr Wolfgang Rutz, from the WHO Regional Office for Europe, and Dr José Manoel Bertolote from the WHO headquarters, and by the World Psychiatric Association (WPA) Section of Psychiatry of the Elderly, represented by the Professor Cornelius Katona and Dr Vincent Camus.

The general background of this Lausanne meeting was the four previous Technical Consensus Statements on Psychiatry of the Elderly produced at meetings organized by WHO and WPA since 1996. The aims of these documents were to describe and delineate the speciality of psychiatry of the elderly and its responsibilities, the organization of services in the speciality, principles for training and education and finally strategies to reduce stigma and discrimination against older people with mental disorders. These fundamental documents have strongly contributed to the recognition of this rapidly increasing area of mental health and initiated debate as to how it can develop as a speciality within mental health in general and psychiatry in particular.

The present document, with its focus upon education and training in OAP in Europe is a logical follow-up and continuation of the third Lausanne consensus statement of 1998, focusing on Europe (as broadly defined by WHO) and on the development of the speciality within psychiatry. The participants represented important international associations as well as individual professional experience in OAP in different European countries. They agreed that all European countries are facing a great and urgent need of specialists in this field. A first step would be to develop a core curriculum based on knowledge and skills to define the subspeciality of OAP. It is our hope that this curriculum, which has been through a thorough consultation process with multidisciplinary experts in the field, will stimulate and facilitate the development of specialists in all professional aspects of OAP.

We would like to express our gratitude to all participants and institutions involved in the Lausanne meeting and named below. Particularly appreciation goes to the two reporters Professor C Katona and Professor A Burns for achieving in such a short time a final text based on our united efforts and lively discussions as well as on consultation feedback.

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INTRODUCTION

The World Health Organization (WHO) and World Psychiatric Association (WPA) have produced four Technical Consensus Statements on the scope of old age psychiatry. These describe:

- The specialty of old age psychiatry
- The organization of services in old age psychiatry
- Education in old age psychiatry
- Strategies for reducing stigma and discrimination against older people with mental disorders.

The aim of this Curriculum document is to provide a practical tool by outlining a framework to train leaders in the provision of comprehensive specialist mental health services for older people as recommended in the previous WHO/WPA consensus statements.

The prevalence of mental health problems in older people in Europe is high. Specialist education and training in old age psychiatry is relevant to fulfilling the aims of the World Health Organisation, which are to:

- Promote a healthy old age and a life-course perspective
- Reduce the prevalence and consequences of mental health problems in old age
- Reduce stigma and discrimination

and to help develop the competencies of professionals in Europe to:

- Promote mental health in old age
- Prevent mental disorders
- Care for older people with mental health problems
- Provide public and trans-disciplinary information about mental health in old age.

The overwhelming majority of European countries do not as yet have accredited training programmes in old age psychiatry. Implementing this curriculum should help ensure that (in keeping with the commitment of UEMS) each European country has a number of specialists who can provide leadership in clinical service development, training and research.

Education and training should be offered according to the recommendations of the WHO/WPA consensus statement on education in psychiatry of the elderly. This curriculum, which builds on that framework, is intended mainly to guide the training of psychiatrists. It is however recognised that in some countries the mental health needs of older people may currently be provided within other medical specialties (neurology, medicine for the elderly, primary care) and that such doctors could benefit from specialist training. It is hoped that in the long term most countries will be able to train and retain sufficient numbers of psychiatrists as specialists in the psychiatry of old age. Meanwhile the curriculum may be adapted to meet the needs of other doctors, who will also need additional 'modules' covering more general aspects of psychiatry.

The curriculum is formulated in terms of areas of competence each of which is divided into a number of assessable learning objectives. Local training should ensure that appropriate assessment methods are identified to enable participants to demonstrate that they have achieved these objectives to a satisfactory standard. In particular, training programmes should themselves

- Be rooted in evidence based practice
- Be clinically relevant
- Have explicit evaluation criteria
- Include feedback from trainees
- Be reviewed regularly.

Training programme participants should have both formative (constructive feedback) and summative assessments. The assessment methods need to be appropriate to skills/competencies being assessed. An examination element may be appropriate, which should have demonstrable links to the local curriculum and be externally validated.

The curriculum content described is intended to provide overall guidance as to the content of training programmes. It is not however either proscriptive or exhaustive. There is clearly a need to adapt it to ensure local relevance and feasibility. This is important in the light of the enormous variability across Europe in

- The distribution of older people
- Social and family attitudes towards older people
- The range of statutory and other facilities for older people with mental health problems
- The socio-economic status of countries, and of their older citizens.

We hope that this curriculum will form a constructive basis for the setting up of supra-specialist training courses and clinical attachments in the psychiatry of old age. In this context, it is recommended that all European countries should set up national systems to accredit such supraspecialists. The requirements for accreditation should include

- Experience in old age psychiatry (which should be for a minimum of one year whole time equivalent) and ideally for up to two years. This can be

obtained towards the end or following completion of training as a specialist in psychiatry
- Demonstration of satisfactory acquisition of the range of skills defined in this curriculum.

AREAS OF COMPETENCE AND LEARNING OBJECTIVES

1. Ageing

—Demonstrating an understanding of the mental, physical and social effects of normal and abnormal ageing processes.

2. Recognition of mental health problems

—Demonstrating the ability to detect and recognize in older people

- both usual and unusual clinical presentations of psychiatric disorders
- all frequent medical conditions with an impact on mental health
- psychiatric comorbidities (two or more psychiatric conditions occurring together).

3. History taking

—Demonstrating the ability to take a comprehensive life history from the patient and informant(s) to include the following aspects:

- Presenting complaint and course of symptoms (including abnormal behaviours)
- Past psychiatric and medical history
- Current medical problems
- Current and past social, economic and relationship and family history
- Spiritual and religious beliefs
- Drug history and current medication regime
- Past or present substance misuse
- Educational history
- Occupational history
- Typical day and night (inc. sleeping, sexual activity, and diet)
- Functional ability
- Support network
- Coping style
- Premorbid personality and cognition
- Recent life events and personal responses

4. Mental state

—Demonstrating the ability to conduct a comprehensive mental state examination of an older person allowing for adverse factors often encountered, including altered consciousness, cognitive, emotional and behavioural aspects, pain, sensory deficits and physical handicaps. Such an assessment should include

- Appearance and behaviour
- Consciousness
- Mood
- Thought content (e.g. abnormal beliefs, experiences and physical concerns)
- Cognitive function
- Insight.

Demonstrating the ability to use and interpret standardised tests of mood, cognitive function and behaviour appropriately.

5. Physical examination

—Demonstrating competence in examining the major body systems and identifying significant abnormalities.
—Demonstrating the ability to carry out a detailed neurological examination and identify significant abnormalities.
—Understanding the relationships between psychiatric and physical illness in terms of aetiology, presentation, treatment and prognosis.
—Appreciating the range of normal and abnormal psychological responses to physical adversity and incapacity in later life.

6. Investigation and further assessment

—Demonstrate an ability to order and interpret appropriate investigations such as:

- Blood tests, urine tests, chest x-ray, ECG
- Detailed neuropsychological assessment
- Neurophysiological assessment (e.g. EEG)
- Brain imaging techniques
- Genetic testing.

Demonstrating an ability to value and integrate assessments made by other professionals such as nurses, occupational therapists, social workers and psychologists.

7. Mental health disorders and related problems (including affective disorders [depression, mania, anxiety disorders, OCD, PTSD, bereavement and other stress related or adjustment disorders], the dementias and other organic mental health disorders including acute confusional states, people with schizophrenia or learning disability who have grown old, delusional disorders, substance abuse, suicide and deliberate self-harm, abuse and neglect, personality disorders)

—Demonstrating a detailed understanding of the social, psychological and biogenetic aetiology of mental health problems in older people.
—Demonstrating the ability to use detailed knowledge of the clinical presentation and phenomenology of mental health problems, their natural history and prognosis as they present in older people to diagnose, treat and care appropriately.
—Demonstrating a detailed understanding of the relationship between psychiatric and physical illness in older people.

8. Treatment management and care

—Demonstrating the ability to deliver appropriate, good quality and cost-effective physical, psychological and social interventions in the management of mental illness in older people in community, residential and hospital settings.
—Demonstrating the ability to use detailed knowledge of pharmacokinetic and pharmacodynamic factors and the implications of drug interactions and side effects in relationship to older people in order to prescribe drugs appropriately.
—Demonstrating a detailed understanding the implications of ageing with regard to both cognitive behavioural, cognitive analytic, dynamic and family therapies and interpersonal therapies, the indications, adaptations and delivery.
—Demonstrating familiarity with electro-convulsive therapy (ECT), its indications and issues concerning its use in older people.
—Demonstrating an understanding of the importance of statutory and informal carers and of voluntary organizations in the maintenance of older people with mental illness.
—Demonstrating the ability to recognize the need for standards of, and ways of, arranging provision of day, respite and continuing residential care as appropriate.
—Demonstrating an understanding of the importance of regular review of people with long-term mental health problems
—Demonstrating an understanding of the circumstances in which treatment or care can be legally imposed.

9. Services

—Demonstrating the ability to run a multi-disciplinary community oriented service for older people with all forms of mental health problems which ensures equity of access to care.
—Demonstrating a wide breadth of training with the ability to establish collaboration and work effectively in different settings such as:

- Residential care
- Nursing care
- Consultation-liaison activities
- Day and out-patient services
- In-patient care
- Memory clinic.

—Demonstrating an understanding of the roles of and relationships between different agencies (for example family, psychiatry, geriatric medicine, neurology, psychology, social services, voluntary sector, therapists and private sector).
—Demonstrating the ability appropriately to use resources efficiently (e.g. acute admission beds, respite, day care and long term care) and to find pragmatic solutions where these are not available.
—Demonstrating an understanding of the importance of families and statutory, private and voluntary caregivers in supporting older people with mental illness in the community.
—Demonstrating awareness of the importance of users and carers sharing in the planning of services.
—Demonstrating an understanding of the social, economic and cultural changes associated with the ageing process.

10. Multi-disciplinary working

—Demonstrating an appreciation of the role of other professionals and volunteers.
—Demonstrating the ability to work with others in the caring process.
—Demonstrating the ability to work as part of a team and leadership skills.
—Demonstrating skills in conflict resolution.

11. Rehabilitation

—Demonstrating an appreciation of the benefits of a multi-disciplinary approach to rehabilitation.
—Demonstrating the skills to assess functional ability.
—Demonstrating an awareness of the importance of person-centred interventions.
—Demonstrating the ability to use innovative and flexible resources to implement rehabilitation plans.
—Demonstrating an awareness of the importance of continuity of care.

12. Communicating with patients and their families

—Demonstrating empathy, patience and understanding in communicating with older people with mental health problems.
—Demonstrating the ability to communicate diagnosis, symptom emergence, management plans, prognosis and genetic implications appropriately to the patient.
—Demonstrating the ability to assess the functioning of an older person within a family system and an understanding of the importance of each family's dynamic interrelationships.
—Demonstrating the ability to enter a constructive partnership with family members to achieve the best possible therapeutic outcome.
—Demonstrating the ability to provide and mobilise support for family carers.
—Demonstrating the ability to communicate diagnosis, symptom emergence, management plans, prognosis and genetic implications appropriately to families and other carers.

13. Support for carers

—Demonstrating the capacity for empathy with the carer's situation.
—Demonstrating an understanding of the importance of family dynamics.
—Demonstrating an understanding of coping strategies in carers.
—Demonstrating an ability to evaluate stress and burden in carers and their determinants.
—Demonstrating an ability to organise appropriate support packages.
—Demonstrating knowledge of and ability to provide information about the range of support available to carers.
—Demonstrating knowledge of the effectiveness of carer's support packages and self-help strategies.

14. Legal and ethical issues

—Demonstrating an appreciation of the fundamental importance of the individual rights and dignity of older people with mental health problems.
—Demonstrating the ability to assess an older person's capacity to make decisions (e.g. to consent to treatment, to make a will).
—Demonstrating an understanding of the circumstances in which treatment or care can be legally imposed.
—Demonstrating an understanding of the legal process in the country of the person (e.g. how can an ill person be legally protected, delegation of legal power to others, driving licensing, fitness to own weapons, living wills, euthanasia and withholding of medical care etc.).
—Demonstrating the ability to carry out a risk assessment addressing issues of risk of neglect, self harm, and/or injury to other people.
—Demonstrating an awareness of the causes and consequences stigma and discrimination associated with mental health problems in older people and of strategies for reducing them.
—Demonstrating an understanding of the ethical principles that must underlie resource allocation to older people.
—Demonstrating knowledge of professional ethics.

15. End of life issues

—Demonstrating an appreciation of the individual nature of terminal care needs.
—Demonstrating an ability to take the lead in clinical end-of-life decisions taking into account the views of patients, their families and other members of the care team.
—Demonstrating an ability to take into account cultural and spiritual backgrounds.
—Demonstrating the appropriate use of medication, life support interventions and palliative care.
—Demonstration of verbal and non verbal communication skills.

16. Cultural issues

—Demonstrating an understanding of cultural, spiritual and ethnic issues in the recognition, assessment, diagnosis and management of mental health problems in the older person.

17. Elder abuse

—Demonstrating an understanding of all aspects of elder abuse (including physical, psychological, financial, social aspects).
—Demonstrating the ability to recognize and manage elder abuse in a range of different settings (e.g. people's own homes, hospitals, nursing homes, day care settings) and to involve other professionals appropriately.

18. Quality assurance

—Demonstrating the ability to assess standards of professional activity and facilitate improvement.

—Demonstrating the ability to monitor the appropriateness of service provision to individual patient and family needs.
—Demonstrating the ability to maintain a suitable balance between freedom of choice, risk and protection.

19. Prevention

—Demonstrating the ability to implement health education and promotion and for the early detection and prevention of relapse of mental health problems in older people (e.g. depression, vascular dementia).
—Demonstrating the ability to recognize impending carer burnout and to provide appropriate support.

20. Teaching and provision of information

—Demonstrating awareness of the potential for education of the range of professional activities.
—Demonstrating a commitment to develop and improve personal teaching skills.
—Demonstrating a commitment to provide educational support to multidisciplinary and junior medical colleagues.
—Demonstrating a commitment to provide clinical and educational supervision as appropriate.

21. Knowledge management

—Demonstrating the ability to evaluate and prioritize scientific communications.
—Demonstrating an ability to integrate scientific knowledge into clinical practice.
—Demonstrating the ability to evaluate critically epidemiological data on mental health problems and disorders in older people (incidence, prevalence and risk factors).
—Demonstrating an ability to use expertise of different professionals.
—Demonstrating a commitment to continuing professional development.

22. Research

—Demonstrating an understanding of research methods.
—Demonstrating a commitment to seek research opportunities and collaborations in the clinical setting and to encourage others to take part in research.

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